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CONFIRMATION NO. 8869

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/825,544	<b>FILING OR 371(c) DATE</b> 04/15/2004 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> 3082-003A
<b>APPLICANTS</b> Biagio Ravo, Rome, ITALY;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/817,956 03/27/2001 ABN which is a CON of 09/245,788 02/05/1999 ABN which claims benefit of 60/073,902 02/06/1998				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY **</b> <b>** 06/25/2004</b>				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> ITALY	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 13
Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 2		
<b>ADDRESS</b> 00037999				
<b>TITLE</b> Inflatable intraluminal molding device				
<b>FILING FEE RECEIVED</b> 485	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	